



ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Annual Composting Review
Form DEP 7048A (3/92)

GENERAL INFORMATION

1. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
2. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original of the completed form to the Division of Waste Management at the address listed above. The document must be free of errors.

SPECIAL WASTE COMPOSTING ANNUAL REVIEW

Permit Name _____ Permit Number _____

Address _____

City _____ State _____ Zip Code _____

County _____ Year _____ Months(FROM TO) _____

Type of special waste composted _____

Total volume accepted this reporting period (cu.yds. or tons) _____

Total volume composted and acceptable for distribution this period (cu.yds. or tons) _____

Waste Classification: _____ Type AA _____ Type B. (Provide copies of actual analysis.)

TONS PER MONTH ACCEPTED

<u>SOURCE</u>	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L

LOG

DISTRIBUTION OF FINISHED COMPOST

Make additional copies of this log sheet as necessary.

Recipient	Address	Amount Received	Dates Composted Start-Finish	Date Received

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties to submitting false information, including the possibility of fine and imprisonment for such violations."

Signature of Authorized Agent _____ Date _____

Name of Authorized Agent _____

Title _____